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MARYLAND
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ORIGINAL PAPERS.

EARLY SYPHILIS IN THE NEGRO.

BY J. EDMONDSON ATKINSON, M. D., PHYSICIAN TO THE BALTIMORE SPECIAL DISPENSARY.

[*Read before the Baltimore Clinical Society, May* 11, 1877.]

Whatever may be the hygienic condition of the negro races of Africa, it is quite certain that their representatives in this country offer less resistance to the inroads of disease than almost any other class of our population. This is especially true of those individuals, whose negro blood is diluted by that of the white races, and who largely outnumber their brethren of full blooded African descent—certainly, at least, in our larger cities. That this general defect of organization exists, is proved not only by the opinions of those persons having opportunities for observation, but also by the experience of the Surgeon-General's Department of the United States Army during our late war. (See introduction to Part I, Medical and Surgical History of the War of the Rebellion.) From this latter it appears that of one thousand colored troops there was an annual death rate, from disease, of one hundred and thirty-three; while of equal numbers of white troops, both regulars and volunteers, the annual death rate, from disease, was thirty-two for the former, and fifty-five for the latter. Without doubt, not a few different agencies were at work in producing this excessive mortality; but for the present, I only desire to call attention to that diathetic condition, which, while not frequently proving the immediate cause of death, has

an immense influence, although remote, in determining the fatal issue in negroes, and complicates to a greater or less extent, the course of nearly all their maladies; namely, scrofula.

The remarks that follow are principally based, then, upon the coëxistence of syphilis and the scrofulous diathesis; and since the course of syphilis in scrofulous individuals has been well known and described, I can hope to bring forward but little that is new. They represent, however, the results of observations upon a number of syphilitic colored persons in the early stages of the disease, (with one or two exceptions, within a year after infection) and, while deficient both in numbers and details, will, it is hoped, suffice to give a tolerable idea of the general tendencies of the malady in the race.

The whole number of cases of primary or early secondary syphilis in negroes treated was one hundred:* of these, the primary lesion was present in forty-five cases, thirty-four males and eleven females.

It may be proper, at this time, to compare with these figures, the number of colored patients applying, during the same period, for treatment of simple, non-infecting chancres or chancroids. Of these there were twenty-four individuals, twelve males and twelve females. According to the summary of M. Puche, this lesion is met with four times as often as the syphilitic or infecting chancre, while other writers make more moderate estimates of its greater frequency. We have here, however, the reversed proportion of two to one in favor of the syphilitic chancre. The small number of my observations may be entirely misleading, and makes any reliable calculations upon this point impossible. It is likely, however, that syphilitic infecting chancres were so frequently encountered, in consequence of certain peculiarities of their symptoms, to be presently adverted to.

The characters of infecting chancres as ordinarily met with, are too definitely known through the closely agreeing descriptions of them in text books, to make more than a brief allusion to them necessary, in order to point out the contrasting conditions as

*Nearly all of the cases referred to in this paper were treated at the Baltimore Special Dispensary, during the past three years.

occurring in the negro patients under consideration. The "superficial erosion" is, by far, the most frequent form assumed by the syphilitic chancre; thus the table of Bassereau, of chancres preceding one hundred and seventy cases of syphilitic erythema (quoted by Bumstead) show one hundred and forty-six cases of "superficial erosion"—Baümler (vol. III, Ziemmseu's Cyclopœdia of the Practice of Medicine, page 79,) describes the superficial erosion as the typical syphilitic chancre, and says that only exceptionally more decided ulceration may take place. Fournier, (Leçons sur la Syphilis, etc: page 148) declares that in the female, at least, the chancre is of the erosive form eight times in ten. Phagedena is agreed by nearly all writers to be quite rare as a complication of the primary lesion. Fournier represents it to be so rare that in the male it is a pathological curiosity, while in the female it is almost unknown.

Let us see, now, how far the primary syphilitic lesion accommodates itself to these rules, when observed in the colored patient. Of the forty-five cases already mentioned, extensive ulceration of the chancre is noted as occurring in twenty-five cases, of which nine were women. It is noticeable that in all except two of the female patients, this condition of the chancres was encountered. I can only account for this fact by the well known liability of the less severe forms of ulceration of the female genitals to escape attention; indeed, I have frequently been amazed to discover extensive disease, where its existence had never been suspected by the patient. This is probably due to uncleanly and careless habits. The superficial erosion was but seldom encountered. In nearly all of my cases, free secretion of pus, accompanied the lesion, even where much ulceration was not present. This tendency to free pus formation, as may be supposed, altered considerably the physical characters of the sores. These were in striking contrast with those usually observed in otherwise healthy subjects. The chancres, instead of the dull gray or reddish coloration; instead of smooth, glazed, inactive bases; instead of flattened, or even elevated surfaces with insignificant or slanting walls; had generally a yellowish or yellowish-gray, color and precipitous or excavated borders, actively secreted a creamy or

thick sanious pus, and were very tender. Instead of being surrounded only by the typical syphilitic induration, they were not seldom so inflamed that this induration was masked by that of simple inflammatory infiltration.

In twenty-seven cases, specific induration, of various degrees of intensity, clearly and definitely existed; in ten cases the presence of simple inflammatory infiltration made it impossible of recognition; and in eight cases it was absent. Two of the last mentioned patients were males, in one of whom the lesion was diagnosed as syphilitic, from accompanying painless multiple inguinal adenopathy, attendance having ceased before further verification of the diagnosis. Unmistakable constitutional symptoms subsequently justified the diagnosis in the second case. In a third patient, a young mulatto man, two chancres, one upon the skin of the prepuce the other upon its mucous portion, while presenting convex surfaces and serous discharge, remained absolutely unindurated until fifty-five days after they were first observed, when, coïncidently with the first appearance of general symptoms, viz: general adenopathy, roseola, etc., induration to the size of small chestnuts suddenly occupied the seats of the chancres. The sores in the other two patients were single and situated, one upon the skin of the prepuce, the other upon the prepuce near the frænum.

The other six patients whose chancres were not indurated were females. These sores were situated upon the fourchette in four cases, upon the posterior commissure in one case, and upon the labium minus in one case. The absence of induration in vulval syphilitic chancres has not been at all uncommon in my experience, and I am confident that the doctrine of its necessary presence ia a common source of error. The diagnosis in the cases above mentioned, rested, in two patients upon painless multiple enlargement of the inguinal glands; one woman had been the subject of inherited syphilis and bore upon her person scars from ulcerations during childhood, and whose central upper incisors were deeply notched. Her chancre was accompanied by indolent, but greatly enlarged inguinal glands and followed by faucial mucous patches and rheumatoid

pains with nocturnal headache. The three remaining cases continued under observation until unquestionable syphilitic secondary manifestations supervened.

Induration of the chancres varied in all degrees of intensity and differed from that usually met with, only in its frequent combination with an inflammatory condition. This complication, besides obscuring the diagnosis, most probably by the discomfort occasioned, compelled that application for relief, which absence of personal cleanliness and solicitude would otherwise fail to effect; and thus, we have, perhaps, a reasonable explanation of the greater frequency of the infecting chancre in these cases. The same combination, undoubtedly, encouraged the occurrence of traumatic phymosis, of which seven cases were treated.

In six cases there was phagedena. The term is here used in its mildest sense. Serpiginous or sloughing phagedena were not encountered. Indeed, in none of these persons (three males and three females,) did the process pass beyond extensive and deep ulceration, not always to the destruction of induration, in two cases burrowing far along the urethra, destroying the vestibule, while a third patient lost a considerable part of his glans penis.

The chancres, which were situated upon the external genital organs, with the exception of one upon the groin, were single in twenty-eight cases, while in seventeen cases there were two or more sores.

Passing now from the consideration of the primary lesion to that of the glands in proximate connection with it, a decided evidence of the influence of the scrofulous diathesis becomes manifest, in their tendency to very pronounced inflammatory action and to the production of pus.

Early inguinal adenopathy occurred in forty-eight cases including four, in which, although in the earliest stages of syphilitic infection, the chancres were not detected. (The adenopathy was absent in one case, while the chancre and general symptoms were present.) In twenty two cases the glandular hyperplasia was quite indolent; there were inflammation and tenderness but no suppuration in fifteen cases; while in twelve cases there was suppuration in one or both groins.

Suppuration of the glands communicating with infecting chancres in otherwise healthy individuals is practically of such rare occurrence, that the indolent multiple adenopathy is probably the most valuable symptom by which we recognize syphilitic infection. It is well known, however, that scrofulous persons are much more liable to suppurative adenitis accompanying infecting chancres, but I am not aware of its ever having been described as of a frequency comparable to that abovementioned. Naturally, then, the course of these adenopathies merits some description.

The only noteworthly peculiarity of the indolent glandular enlargements was the extreme degree to which the parts were often hypertrophied, in several instances occupying the whole inguinal region as huge, nodulated masses in which the glandular outlines could be obscurely felt, and thrusting themselves upon the attention with startling prominence. The fifteen persons whose groins were inflamed and tender without suppurating, offered interesting symptoms, both as regards themselves and as foreshadowing the more advanced degree of inflammation observed in the third series. Several had buboes like those usually accompanying non-infecting chancres; that is, buboes of irritation, with, however, the superaddition of other glands painlessly enlarged. The great majority had diffused and very large tumors, occupying the surface usually covered by the inguinal glands and forming matted, inflammatory masses in which it was impossible to distinguish any indications of the individual glands. In these cases it was evident that the tumors projecting far beyond the normal level, were chiefly due to the inflammation of peri-glandular cellular tissue. These swellings were exceeding painful for the most part, and incommoded the bearers to such a degree that locomotion became almost impossible, and occasionally compelled confinement to the bed.

Of the twelve remaining cases of primary adenopathy, the smaller number were instances of suppuration of single glands and their surrounding connective tissue, the other glands of the part, while enlarged, remaining for the most part indolent and painless. In the other cases, however, the points of suppuration

appeared, as it were, imbedded in and slightly projecting beyond the mass of matted inflammation, involving the greater part or all of the inguinal area, occasionally of both groins—it being quite impossible to define any glandular outlines. It never happened that the whole mass broke down into pus, but rather that one or two fluctuating points revealed themselves, and when these were incised and their contents evacuated, the surrounding inflammation slowly and gradually subsided. The nature of the pus discharged from these buboes was usually creamy, by no means so serous as that which I have seen from suppurating glands of later stages of the disease. The course of these suppurations was not so tractable as that of simple irritative buboes, but was milder and more amenable to treatment than ordinary scrofulous adenitis, responding with tolerable alacrity to the combined influence of suitable tonic and mercurial remedies. The orifices of the abscesses gradually forming the exuberant everted lips of scrofulous fistulous openings, and contracting finally healed leaving hypertrophic cicatrices.

The number of patients in whom secondary symptoms were manifested was eighty-two. In forty-nine of these infection had taken place six months or less previously; in sixteen cases more than six months and less than one year previously; in six cases more than one year previously; and eleven persons could give no definite information, but were most likely but a few months syphilitic. An enumeration of all the various symptoms displayed by these people, could be of no profit equivalent to its tediousness. I consequently propose to limit my remarks to those of them possessing peculiar interest and especially as showing the influence of the scrofulous diathesis upon them.

During the early stages of constitutional infection, the lymphatic glands, or, at least, those situated in superficial portions of the body, are prone to the same kind of inflammation as are the glands in connection with the primary lesion. Adenopathy other than inguinal and occurring during the early secondary period, was noted in nearly all of my patients, frequently occasioning pain and tenderness. Positive suppuration, however, took place in eight cases. In every instance the cervical or submaxillary

glands were the ones involved, the cervical (principally anterior) glands in four cases and the submaxillary glands in four cases. These glands became greatly swollen and closely resembled ordinary scrofulous inflammation of the same parts, from which they differed in greater amenability to treatment. In healing however, the enlarged, hardened glands remained very persistently.

Roseola was, as might be anticipated, but rarely seen, the normal color of the skin and the insignificance of the symptom usually preventing its detection. When seen it was simply as macules of deeper pigmentation than that of the surrounding integument, not fading upon pressure.

The papular syphiloderm was encountered in twenty-five cases, fifteen males and ten females. The ordinary lenticular papules were most frequently observed, but the small papular syphiloderm also occurred. In two cases the latter form of eruption appeared to be confined to the papillæ surrounding the orifices of the hair follicles of the general surface (not of the scalp); and in these patients the epidermal accumulations at the apices of the papules were unusually abundant and strongly suggested lichen pilaris. The danger of such an error has previously been pointed out as more apt to occur in the negro subject.* In other respects the papular syphiloderm in negroes differs from the same lesion in the white subject only in coloration and in its very pronounced tendency to pass into pustular eruptions. In the early stage of its existence the papule is simply of a darker hue than the surrounding skin; later, this increase of pigmentation is supplemented by a peculiar whitish appearance, which close examination reveals to be the result of a fine desquamation occurring irregularly upon the surface of the papule. This condition has been described by Dr. R. W. Taylor. Still later, from the rapid and continuous shedding of epidermis, the papules may acquire a lighter hue than the rest of the skin, having at the same time a shining, polished aspect. Dr. Taylor has reported a condition observed by him in two negroes, where, in striking contrast with the black surface, was the surface of many of the papules which

*Duhring, Diseases of the Skin, page 432.

were quite white, "in fact nearly of a snow white in spots where the skin was kept clean and of a dirty white elsewhere.† This description has no reference to the fine white desquamation already referred to, but is attributed by Dr. Taylor to an alteration in the pigment cells of the rete Malpighii together with increased cell proliferation. I have never observed a loss of pigment to any thing like this extent.

The following figures indicate the above mentioned tendency of papular lesions to become pustular: In twenty-two cases, fourteen females and eight males, pustules were present either without papular accompaniments or as the prevailing symptom; in ten cases the eruption was papulo-pustular, that is, while the original eruption was apparently papular, the summits of the papules had become pustular; in six cases the same condition existed supplemented by pure vesicles and pustules; pure pustules occurred alone in six cases. ‡It was manifest that the papulo-pustular eruptions would most frequently have been examples of the small papular syphiloderm had it not been for the pus forming diatheses of the bearers. Two of these cases were of distinctly follicular eruptions, advanced stages of the follicular papular syphiloderm already mentioned. Occasionally, upon the cheeks and forehead, little dome-shaped pinhead-sized elevations were noticed, of a color resembling that of a slight admixture of lampblack with white wax and of a very deceptive solid appearance; upon puncturing them however a drop of deep-seated thickened pus could be expressed. They differed from simple acne in speedily disappearing under specific treatment. There was one case of ecthyma and one of impetiginous eruption upon the scalp: the latter was associated with broad flat papules (Syphilide en nappe) and covered the entire scalp with a thick, yellow scab. Smaller patches of impetiginous syphiloderm were several times encountered. There were many cases, where, while papules formed the prevailing eruption, pustules to a limited extent were present.

The course of these pustular eruptions was uniformly benign:

† American Journal, Syphil. and Dermatol., April, 1873.

‡ Dr. Duhring has met the "large acuminate pustular syphiloderm" more frequently in negroes than in whites.—Diseases of the Skin, page 464

the scabs, which formed at an early period were for the most part simple dessications of the pustules, imparting a harsh, raspy feeling to the touch, and falling off, left a thin cuticle already formed or a trifling superficial ulceration which healed immediately. Thus the presence of pustulation was no evidence of special severity of the disease, and generally, no unusual refractoriness to treatment was encountered.

Rheumatoid pains were very often present. Of thirty persons whose joints were principally complained of, the shoulder was affected in thirteen. In some cases where there were swelling and pain with fever, acute rheumatism was simulated. In addition to these cases, however, there were six examples of decided joint effusion, (five males and one female), the knees being the only joints implicated; the left knee three times, both knees three times. The subjects of this lesion were all, except one, in the earlier months of the disease, the one exception being that of a young negro man who had had primary symptoms eighteen months previously. Pain and difficult locomotion were prominent symptoms in every case, causing decided lameness. The effusions were quite extensive and were felt to be uncomplicated by grave inflammation; indeed, there seemed to be no tendency towards destructive changes, and under suitable treatment the effusion, pain and lameness disappeared after somewhat protracted intervals. While I am satisfied that this synovitis is of more frequent occurrence than is usually believed, I think the proportion here reported is much in excess of what will be found in white patients.

It is worthy of note, that although conforming to the rule as to the especial joint affected, these cases developed more severe subjective symptoms, as pain and lameness. (These symptoms were not especially nocturnal in character.) Recovery was perfect in all but one case, still under treatment, where the joint remains somewhat stiffened and doughy to pressure. It may not be amiss, at this time, to refer to the two cases in more advanced stages of the disease, where permanent injury to the joints had taken place. Here, however, the elbows were the joints affected. In one case where syphilis had existed for more than one year, the elbow joint (left) remained stiff in a half flexed

position, while in the second case, after three years of syphilis, both elbow joints were anchylosed, after suppuration and fistulous openings.

Iritis was, likewise, very frequently treated. Eleven cases of this affection were noted. Of these, four were of males and seven of females, all in the first year of syphilis. The right eye was alone involved in three cases, the left eye alone in two cases, both eyes in five cases; in one case I neglected to note the eye affected. The inflammation was speedily followed by resolution in all except two cases. These latter came under treatment, each with great alterations about the eyes. There was double iritis, with much conjunctival and corneal disturbance and with ulceration resulting in staphyloma. Both patients had been very careless and negligent. It is to be regretted that accurate and detailed examinations of the eyes of these patients were not obtained. I am not aware of any reports upon the comparative frequency of iritis in syphilitic patients, but am sure that my own experience gives no such frequency of the affection in white persons.

As is evident, the symptoms here described are mostly such variations as the presence of the scrofulous diatheses would induce. At the same time it is true that these processes do not, as a rule, betray anything like the intractability of purely scofulous affections. Under the influence of appropriate treatment, they heal without much delay, leaving behind, however, so far as concerns the glands, indolent enlargements which linger for indefinite periods, and are liable to renewed suppurative action. This behavior we have a right to expect, for, while the active manifestations of scrofula are chiefly observed in childhood and early youth, syphilis is usually a malady of adult life. Moreover, it must be remembered that lesions generated solely by the scrofulous influence, indicate, of course, an exceedingly pronounced and active tendency of the diathesis. Now, in the cases under consideration, the lesions were evoked by the virus of syphilis, and were to a certain minor extent, influenced by the feebly active scrofulous diathesis. Certainly, syphilis in an individual in whom scrofula is actively manifesting itself, can have only a very unhappy and obstinate course; as, indeed the simple presence of the diathesis

cannot fail to exert itself, to some extent, in combatting treatment and in prolonging and intensifying symptoms.

While these patients did not improve under treatment with the same alacrity as persons more vigorously constituted, they were, nevertheless, generally brought under the healing influence of remedies without much delay. I have never hesitated to employ mercurial preparations and am in the habit of giving them for lengthy periods, with short remissions and intermissions dependent upon the intervention of buccal or digestive symptoms, and I think I have never observed untoward results from the practice. A mild degree of salivation has been produced upon one or two occasions, but gave only little inconvenience and quickly subsided. The administration of the drug was instituted during the primary stage when practicable, but I am unable to form definite conclusions as to the value of this plan.

A treatment by mercurials would, however, be far from complete were the assiduous administration of tonic remedies neglected. These were indeed, essential adjuvants to the specific medicines. During the stage of initial lesion and primary adenopathy, bark and iron, sometimes in very large doses, were of great benefit. After the appearance of secondary symptoms, and, in markedly scrofulous cases during the primary stage, cod liver oil was invaluable. Under such combined treatment, it was not uncommon to see patients rapidly regain vigor and strength; and indeed, the popular theory of the debilitating tendencies of a mercurial treatment found no realization. Treatment of the primary lesion and of special symptoms was instituted according to requirement.

There is, however, in these cases a marked predisposition towards the return of symptoms and constant vigilance in meeting them must be exercised.

PURPURA HEMORRHAGICA.

BY CHARLES F. BEVAN, M. D. PROFESSOR OF ANATOMY AND ORTHOPEDIC SURGERY, COLLEGE OF PHYSICIANS AND SURGEONS, BALTIMORE.

(*Read before the Clinical Society.*)

The term Purpura, as generally used, is intended to designate a class of troubles, the objective symptom of which is a discoloration of the skin due to hemorrhage into its substance. It is not intended by this definition to include those hemorrhagic eruptions which are so commonly found associated with typhus and typhoid fever, measles, small pox, scorbutus &c., but only to that rather limited class in which the skin lesion itself seems to be free from any serious complication. Two distinct forms are usually recognized: Purpura Simplex, in which the hemorrhage is confined to the skin, and Purpura Hemorrhagica in which blood escapes from some mucous or serous surface. It is my purpose to consider only the latter of these two forms, and especially some points of interest connected with the two subjoined cases which serve to illustrate the usual history and symptoms of this malady.

Case I. Mrs. S., æt. 26, consulted me at my office, on February 21st, 1876. She had suffered from malarial fevers each spring and fall for the past six years, was decidedly anæmic, complained of general debility, shortness of breath, pain in lumbar regions, and general muscular pains or sense of soreness in the limbs. Bowels regular, appetite very capricious, sleeps well but does not seem greatly refreshed by the rest. Temperature normal, pulse 95 and feeble. Had a severe chill yesterday. The case was considered at this time one of malarial fever, for which I had treated her during the summer of '73 at the springs, and she was consequently ordered quinine and iron, with liberal diet and rest. February 23rd. Called to see the patient at her boarding-house; found her more depressed in spirits; had had another chill. My attention was directed now to an eruption over lower limbs, back, neck, and some few spots on the face which had appeared on the 22nd. The eruption was generally of bright red color, about the size of a split pea; did not fade on pressure; some of the spots,

those which were first seen, were of darker color than others. Lumbar pains still continue, rather worse on left side, which is accounted for by the presence of an enlarged spleen. For past twenty-four hours had been obliged to urinate frequently, urine being of very bright red color, depositing a sediment on standing. Examined by microscope was found to contain large quantities of blood globules, renal epithelium and blood casts. Temperature 101° F., pulse 120. Quinine mixture continued and gave in addition fluid extract Ergot ℥j every hour. Diagnosis—Purpura Hemorrhagica. February 24th. Patient's condition about same as above described, the eruption is changing in color, becoming more decidedly purple, some few spots being of a yellowish green tinge. Counter-irritation made over spleen, and Gallic Acid grs. viij every hour, ordered in place of Ergot. February 26. Some improvement noticed; has had no chill since February 22d; urine shows some blood though less in amount than previously; temperature 99° F., pulse feeble, 100. From this date, February 28th, improvement was constant though slow. March 6th. Urine normal, patient going about the room and recovering strength. March 29th. Was examined for last time: the renal secretion was quite normal, spleen still enlarged giving rise to some discomfort. She left for her home in Louisiana the next day, and in a letter received some months afterwards was enjoying fair health though not free from her "ague cake."

Case II. Mr. B., æt. 67, enjoyed excellent health until about eight years ago, when, upon removal to Ohio, he contracted malarial fever. During his residence there he had two decided attacks of Purpura Hemorrhagica—one slight, the other very severe—and about half-a-dozen attacks of Purpura Simplex. For the past two weeks has been "running down," losing appetite, &c. Friday April 13th. Had a violent chill and fever followed by two attacks of epistaxis during the day; both were checked by the application of ice and cold water. Saturday 14th. Hemorrhage from nose began about 7 A. M., blood flowing quite freely; injections of cold water failed. When seen by Dr. O'Donovan at 10 A. M. was bleeding profusely; pulse full, strong and frequent, 120. Astringent injections, Alumen, Persulphate Iron &c., were

ordered, with Quinine and Iron by mouth. Bleeding continued without interruption till 10 P. M. at which time I saw the case. The coagulated blood was removed from the nares; the mouth and fauces carefully examined showing following condition: Tongue slightly furred with blood oozing from two small points; gums red but firm, blood flowing from two teeth in upper jaws both decayed and much worn. Upon the hard palate there were two or three small purple spots about the size of a pea, with the remaining surface of normal color; pharynx normal but covered with blood from posterior nares. Pulse full, and strong 120. Injections were again resorted to, but failing to accomplish any good, we proceeded to plug anterior and posterior nares of right side from which the trouble seemed to proceed. For a short time the plugs promised relief, but as soon as the sponges became saturated with blood the oozing from them was found to be almost as much as before.

Sunday 15th. Patient's condition as above described save that the left nares is now bleeding freely, and that the purple spots on the hard palate are about three times as large as when first noticed, and that the redness has extended to the uvula and soft palate; firm clots have been formed over the bleeding teeth, but oozing continues around the clots. Ergot xx m. hypodermically to be repeated every hour; Gallic Acid grs. v. each hour; Tannic Acid used by spray in mouth and to bleeding points. 2-30 P. M. Plugged left nares tightly; oozing from sponges quite free; mouth bleeding from hard palate; two purpuric spots found on forehead, others on neck, feet and back; bowels constipated; kidneys acting moderately, urine is high colored, (not examined.) 9-30 P. M. Gave Saline Mixture for relief of constipation. Dr. Alan P. Smith was added to consultation; patient's condition unchanged; pulse full, strong 120 to minute; does not show evidence of the hemorrhage.

April 15th, 10 A. M., pulse 130 rather feeble; at 2 P. M. greatly depressed; temperature 103° F.; bleeding continues; faints if moved; was slightly elevated with the effect of fainting completely, *during* which time the hemorrhage ceased, but in about five minutes recurred again, reaction having taken place. 10 P. M.

Discontinued Ergot, and gave Turpentine xx minims in its place; the pulse was now so much depressed, and condition so critical that transfusion was decided upon and preparations were made for it. During the early part of Monday, the throat had become so much swollen, uvula enlarged to quadruple its natural size, tonsils and soft parts of the throat so inflamed as seriously to embarrass respiration, necessarily performed through the mouth; to relieve which condition the plugs were removed from both nares. Urine, at this time, contained large quantities of blood, albumen etc., but no casts.

During the night of the 16th, the patient became extremely weak, voice, skin and pulse evincing extreme depression.

About 2 A. M. of the 17th, a well marked fainting spell ensued, which while lasting only a few minutes, was yet sufficient to arrest the obstinate bleeding.

10 A. M. Patient is inclined to sleep; pulse quick and weak, 130. Temperature 102.1° F. Takes medicines and nourishment freely, though soft parts of the throat are painful and sloughy. 7 P. M. Temperature 102° F., pulse 130. Purpuric spots still noticeable undergoing changes in color. Patient has become extremely deaf.

Wednesday 18th. Discontinued turpentine and gallic acid, on account of its irritating the stomach, 10 A. M. Temperature 100° F., pulse 100: patient more cheerful; throat not so sore; is using a gargle of Glycerine and Carbolic Acid. 9 P. M. Temperature 102° F., pulse 120.

Thursday 19th. Discontinued the quinine. Temperature 99° F., pulse 100; improving. 7 P. M. Some fever, temperature 102° F., pulse 120. For the next three days the patient's condition remained about the same, being bright and cheerful in the morning with temperature of 99° F., pulse 100, but about 5 P. M. each evening some fever, lasting four to six hours, would come on during which the temperature would range from 101. 5° F. to 103° F. and the pulse from 120 to 140.

Monday 23rd. 11 A. M. temperature normal, pulse 100, patient is not quite so cheerful; complexion rather waxy; breathing, is very labored and almost purely abdominal, becomes

stertorous as soon as sleep overcomes him; is hardly able to keep awake five minutes at a time; mouth bleeding a little; deafness increased so much that he can not hear the ticking of a watch pressed against the ear. 7 P. M. Pulse 120°, temperature 103. 5° F.; breathing much better; hemorrhage from both nares began at 2 P. M. and has continued ever since; blood shows more tendency to coagulate naturally. Ordered Turpentine m. xv. Gallic Acid grs. v. each alternate hour.

Tuesday 24th. Medicines were continued regularly during the night without effect; 9 A. M. Pulse 120, temperature 103° F.; blood oozing very slightly. 11 A. M. Pulse 120, temperature 102° F.; hemorrhage has ceased; bowels moved twice; urine normal, The spleen was found to be decidedly enlarged; no bleeding recurred after this, but for some 10 days longer the evening temperature would vary from 99° to 101.5° F., pulse from 120 to 130. In fact the pulse did not fall below 90 at any time until the middle of May. The deafness continued to improve slowly after he was able to go about, but is at this time very annoying. The bleeding continued during the first attack about sixty-seven hours; the amount of blood lost was estimated at, at least, one-hundred f℥; during the second attack about twenty-seven f℥ were lost in the space of eighteen hours. A point of interest in this case is apparent want of power in the medicines and agencies resorted to, to arrest the flow of blood, and its final arrest by the mere powers of nature when syncope had ensued.

A letter received from Dr. J. N. Beach, of Ohio, gives me the facts of his former attacks which were strikingly similar to the one described. Dr. Beach says "His spleen was very much enlarged during the time he was my patient." So much for the ordinary history of these purpuric cases.

Causes. These are by no means well known, since different writers seem to attach various shades of importance to some widely different causes. Impure air, indigestible or scanty food and fatigue are spoken of by some. As a sequela to small-pox, measles, scarlatina and rheumatic fever it is occasionally met with. Dr. Graves, (Graves's Clinical Medicine, vol. II, page 362,) has recorded two cases produced by intemperance. Damp lodgings,

malaria, cirrhosis, acute atrophy and cancer of the liver, Bright's disease, amyloid disease of the viscera, syphilis, and prolonged suppurations are considered as conducing to the development of the malady.

Pathological Anatomy. The eruption is undoubtedly due to the extravasation of blood, not the coloring matter merely, into the cutis. Occasionally the hemorrhage is found to have taken place in the cellular tissue and muscles. The examinations of the blood which from time to time have been made, a number not very large it is true, give no uniform result; sometimes it is found purely normal, at others unusually fluid and indisposed to coagulate. In two cases, when examined by Dr. Parkes it was found to contain iron in excess with a general deficiency of solid constituents. The organ of all others most constantly found diseased is the spleen, enlargement being common. Dr. Habershon, (Guy's Hospital Reports, third series, vol. III, 1857) describes cases in which "the spleen was large, of a dull red color, studded throughout with pale yellow spots from one to three lines in diameter, which were connected with the capillary circulation, and consisted of cells, nuclei, and granules." Dr. Ogle, (Path. Soc. Trans., vol. XI, page 269) describes cases of enlarged spleen containing adventitious material, of which the white corpuscles formed a considerable proportion, and alludes to the fact that several of them were predisposed to purpuric hemorrhage. The liver may be normal, or the seat of incipient cirrhosis, acute atrophy, or of amyloid degeneration, all of which conditions have been recognized as pathological lesions. Dr. Wilson Fox, (British and Foreign Med. and Chir. Review,) recorded a most interesting case of purpura occurring in a case of secondary syphilis with severe ulceration of the pharynx and larynx; amyloid degeneration was detected in the spleen, kidney, liver, intestines, muscles, and skin. "Sections of the skin," he says, "near, but not in, the part affected by the bloody extravasation gave either with Schultze's solution, (zinci chloridi et iodidi) with iodine alone, or iodine and sulphuric acid, an intense reddish brown color in portions between the fat, besides corresponding to the course of the capillaries." Similar

reactions were obtained when the muscles, kidneys, spleen and liver were treated with the reägents named.

As to the NATURE of the disease of which the cutaneous hemorrhage is the objective symptom, there does not seem to exist any certain knowledge, though quite a number of ingenious speculations have been advanced in explanation of the phenomena. The close similarity between the symtoms of Purpura and Scorbutus has suggested their possible identity, and that the administration of fresh vegetable food and the salts of potash would prove equally as valuable in the one as the other, an expectation by no means justified by experience. Cases of Purpura do not arise from an imperfect supply of vegetable food; are not met with save as isolated cases and do not present the spongy, fungus-like swelling of the gums seen in Scorbutic patients.

Why the capillaries are ruptured and allow the blood to escape may be accounted for by supposing the capillaries themselves as weakened and diseased, confirmatory evidence for which supposition is found in the case reported by Dr. W. Fox and alluded to above. Such changes in the blood itself as would tend to soften the tissues of the capillaries and the neighboring tissues, would also conduce to the extravasations. The occurrence of Purpura with cirrhosis and other diseased conditions of the liver favors the view expressed by Frerichs, "that there is an abnormal attraction between the walls of the vessels, and the blood, which has become altered in its composition, from which arise obstruction and rupture of the capillaries." (Clin. Treatise on Dis. of the Liver, Vol. I. page 232, New Sydenham Soc.) The presence of bile, or of putrid materials in the blood is known to cause a solution of the walls of the blood discs, to present an obstruction to the circulating fluid, and hence to favor the extravasation of the blood or transudation of the hæmatine into the tissues.

Another explanation and one substantiated by the great frequency of the spleen lesion, is the association of leucocythemia to a greater or less extent with the hemorrhagic forms of Purpura. If we accept the views of Bennett and Virchow, that the spleen and the ductless glands of the body are agents for the production of the corpuscular constituents of the blood, and that the red

globules are in fact the free nuclei of the colorless globules, then whenever these blood-producing agents are interfered with we, should have an altered relation between the white and the red corpuscles. The increased number of the colorless corpuscles would, owing to there greater size, tend towards accumulation in different organs; stasis and obstruction to the circulation giving rise to congestion or even rupture of the capillaries would follow as natural results. In the second case related in this paper, some two or three days after the last hemorrhage had been controlled, examination of the blood, by the microscope, showed a most decided increase in the number of the colorless globules; no special examination of the first case was made, nor was that of the second repeated often enough to attach very much importance to abnormal relationship.

As regards the treatment, but little need be said, since it must be based on the individual peculiarities of each case. Such efforts as look to the correction of dietetic and hygienic errors will be most wisely directed. Iron and quinine, in liberal doses, hold the chief place by usage rather than by virtue of any specific controlling power. For the arrest of the hemorrhage, astringents are to be freely employed. Sulphuric acid is largely relied upon and by German writers regarded as almost a specific. Ergot either by mouth or by hypodermic administration should be fairly tried; its power of contracting the capillaries, and the most excellent results it has yielded in the hands of some distinguished practitioners entitle it to serious consideration. It has not, in my hands however, yielded such results as were expected; in neither of the cases mentioned did it seem to exert the slightest influence whatever. Turpentine, in doses ranging from gtt. xx to ʒss enjoys the most confidence of the profession; it seems to check the hemorrhage if continued regularly. Rest, a generous diet, and change of air are important factors in hastening convalescence.

REPORTS OF CASES.

EPITHELIOMA PENIS.

OPERATIONS BY CHRISTOPHER JOHNSTON, M. D., PROFESSOR OF SURGERY, UNIVERSITY OF MARYLAND.

In the beginning of August 1876, A. B., a light mulatto, aged 53 years, consulted me about an eroding ulcer upon his penis. The disease was situated upon the left corona glandis, and in the corresponding part of the prepuce; was rough, ragged, full of profuse ichor-pus, and very fetid. The neighboring inguinal glands were not, apparently, involved.

My examination of the débris with the microscope satisfied me as to the epitheliomatous nature of the ulcer, which, besides this intrinsic evidence, was largely surrounded with the characteristic neoplastic induration.

The history given was to the effect that about two years previously a small nodule, not in any way associated with syphilitic disease, had appeared upon the glans, had slowly enlarged, and had ulcerated four months before. I proposed amputation, but the patient unwilling to part with his virile organ, refused the operation. At the end of September, however, he renewed his application, and I removed three-fifths of the penis with the écraseur, having first introduced a large gum catheter into the bladder, and secured the tube by means of a stitch passed through the urethra and it at a point behind the intended line of écrasure. After the operation the divided end of the catheter was easily found, and the piece withdrawn.

The man made such a rapid recovery that he was able to have satisfactory carnal intercourse in the month of December.

In February the stump became less pliant; in March was indurated; in April was indurated and tender, and from the urethra exuded a thin, foul secretion, and in May the urethra had become so contracted that difficult catheterism had to be practised, and it was finally split open.

As now epithelioma had recurred in the corpora cavernosa, had ulcerated through the spongy body and urethra, and as micturition had become impossible for the patient unassisted, he consented to the removal of what remained of his former pride, and selected the 26th of May, 1877.

On that day in a private room in the University of Maryland Hospital, assisted by the resident physician, Dr. T. A. Ashby, and in the presence of Prof. F. T. Miles, Prof. T. R. Brown, and the clinical assistant of the house, I proceeded as follows: After etherizing the patient he was posed as for lithotomy. An incision was made in the perineum through the bulb and urethra, cutting upon a grooved staff. The mucous membrane of the urethra was next attached by silver wire sutures to the skin; and the corpus spongiosum transversely divided with scissors at the distal end of the incision one-half inch in front of the triangular ligament and the gap filled with lint imbued with Monsel's solution. Then the scrotum being dropped, the écraseur was applied to the stump of penis drawn out and the upper scrotal skin, and the operation was happily concluded with the ligation of the two arteries of the corpora cavernosa. There was very little hemorrhage.

The dressing was Lister's twelve-per-cent. carbolized boiled linseed oil, a most excellent agent, as many years of experience have shown me.

Desirous of pushing treatment further, on June 1st, I applied solid chloride of zinc to the fragment of corpus spongiosum in front of the perineal transverse incision, to the same part in the bottom of the wound made by the écraseur in front, and to the fenestra of corpora cavernosa now reduced to their pubic attachment. The slough falling, I repeated the zinc application on the 11th June, after which the new slough was cast of, granulations sprang up, the anterior wound cicatrized drawing forward the scrotum, and the perineal boutonnière remained, affording easy exit to the urine, which was, of course, commanded by the bladder at its neck.

On the 7th July, A. B. was dismissed cured.

CORRESPONDENCE.

CANTHARIDES IN GLEET.

Editors Maryland Medical Journal:

SIRS:—I noticed in the *Medical Brief*, for June, an article on "Cantharides in Gleet and Chronic Clap."

About the time I saw this article, I had under my treatment a case of gleet of eighteen months' standing which had resisted all the remedies of several physicians before coming under my notice. I concluded to put the patient on tincture of cantharides and gave guttæ xv. four times a day and with very gratifying results. Improvement began in a short time, and he is now nearly entirely cured, feeling but slight indications that any disease exists at all. I have diminished the dose and feel sure the remedy in this, as in the case reported to the *Brief* by Dr. Cheek, will prove very valuable and effect a permanent cure.

GEO. E. MATTHEWS, M. D.

RINGWOOD, N. C., JULY 5th, 1877.

TRANSLATIONS.

INHALATION OF PHENIC ACID IN CATARRHAL AFFECTIONS OF THE RESPIRATORY ORGANS, BY MORITZ.—In a French Journal the following résumé appears, translated from the Russian: The author noticed that the exhibition of phenic acid in vapor diminished the frequency of bronchial catarrh, and one of his colleagues, Assendelfft, made the same observation. Moritz therefore tried its use on two young children suffering with whooping cough and in a few days they were well. He afterwards tried it in a case of measles; the cough diminished and the patient was much calmer at night. In two surgical cases, with tendency to pulmonary congestion, the cough disappeared completely. On the contrary this treatment proved deleterious in two phthisical patients on whom he tried its use.

In the general discussion which followed the reading of this paper, Schwers agreed with Moritz that phenic acid controlled cough, be it administered by injection or inhalation. Masing had remarkable success with it in a case of whooping cough of 3 months' standing. Schmitz and other members of the Medical Society of St. Petersburg stated that they had derived excellent results from the employment of this agent.

On the Diagnosis of the Longer Diameter of Pulmonary Cavities. *By Gerhardt,* (*Verhandlung der Phisik. Medicin. Gesellschaft, in Wurzburg,* 1875.)—Returning to an idea which he had once announced, the author established the fact, that the tympanitic sound of pulmonary cavities can augment or decrease according to the sitting or recumbent posture of the patient. This difference depends altogether upon the change of position, which the contents of the vomica undergoes and it is one of the most certains signs of the existence of a cavity. Thus, he says, imagine a cavity whose greater axis is parallel to the body, and suppose it to be one-third or one-fourth full of liquid. It is evident that the column of air would have less height when the patient was standing than when reclining. The reverse would take place when the axis was directed horizontally. This difference may be wanting when the cavity is perfectly full or empty. It can also be modified or exaggerated by the patent or occluded state of the bronchi opening into the cavern, and also by their relative position to the cavity.

Gerhardt was able to confirm in 10 cases by post-mortem examination, the diagnosis of the longer axis of the cavity, which he had made during life.

All these cases occurred in phthisical patients except one, who had a dilated bronchus.

On the Treatment of Epilepsy by Hypodermic Injections of Bromide of Potassium, by Luigi Frigerio.—His conclusions are as follows: First.—The hypodermic method merits the preference for the administration of Bromide of Potassium, because it does not provoke gastro-intestinal troubles; on account of its economy, and for the reason that the medication is better absorbed. Second.—The hypodermic method prolongs the intervals between the seizures more rapidly than in any other way. Third.—The action of the bromide of potassium is rendered more efficacious in cases of long standing.

Fourth.—In commencing epilepsy its effects are manifested more promptly than by other methods. Fifth.—Local lesion is not to be feared from subcutaneous injections, for the accident is uncommon and when it occurs it is relatively light. Sixth.—The advantages of this method are so great, in comparison to the danger, that this treatment should be preferred in the cure of epilepsy.

On the Employment of Ergotine in Hemorrhoidal Hemorrhage, by R. Strisower.—Cariére has made a synopsis of this article from the Russian. The author reports a case of an unfortunate suffering with hemorrhoids. For six months he had had hemorrhages, which had resisted all treatment. Only once the persulphate of iron had arrested the flow for ten days. The patient was almost exhausted. Strisower wished to employ the ergotine by hypodermic injections, but the patient refusing, he exhibited the medicine by the rectum—five grains of ergotine to two ounces of glycerine. The hemorrhages did not return and six weeks after the patient had regained his strength for the most part.

J. D. FISKE, M. D., Baltimore.

NEW APPLIANCES.

DR. L. A. SAYRE'S APPARATUS FOR EXTENSION IN POTT'S DISEASE.

APPLICATION OF THE PLASTER OF PARIS BANDAGE.

The proper plan of applying the plaster of Paris jacket is to take loosely woven cloth, such as cross barred muslin, mosquito netting, or cheese-bandage cloth, and cut it into strips three or four inches in width, according to the size of the patient upon whom it is to be used, and then fill its meshes completely by drawing the cloth through and at the same time rubbing into them freshly ground plaster of Paris, such as has not been exposed to the air. The strips are then rolled up into tight rollers after the fashion of the ordinary roller bandage, and are ready for use at any time occasion may require. They should be kept in an air-tight tin vessel.

When you wish to apply a jacket, the patient is to be suspended by means of an apparatus, prepared for the purpose (see Fig. 1 and 2), consisting of curved iron bar with hooks at either end from which pass straps that are attached to pads that go though the axillæ and also under the occiput and chin, and are capable of being made shorter or longer according to the length of the patient's neck. The iron bar is suspended from the ceiling by means of a compound pulley through which gradual extension can be made until the patient is drawn up so that the feet swing clear from the floor.

Previous to the suspension, however, a thin flexible leaden strip should be laid upon the spinous processes for the entire length of the spinal column, and bent into all the sinuosities, so that it may take a perfect outline of the deformity. This strip is then laid upon paper and its outline marked with ink, and we have a perfect mathematical outline of the irregularities along the spinal column. After the patient has been suspended, the same leaden strip should again be applied along the spinous processes, as in the first instance, and another pattern made upon paper by the side of the first.

Now we have a means by which comparison can be made, and we are able to determine exactly what changes have taken place in the curve. The shirt, which should be woven or knit without seams, and

tightly fitting the body, is next pulled down and an opening made in front and rear through which a ribbon or piece of bandage is passed for the purpose of holding in place a handkerchief placed in the perineum, and at the same time making the shirt fit the hips exactly; for the tighter the shirt fits the less number of wrinkles there will be in it. The roller bandages, previously prepared, are now set on end in a vessel containing sufficient depth of water to cover them entirely, and, at first, bubbles of gas will escape through the water freely. When the bubbles cease to escape, the bandages are ready for use. Then taking a roller in the hand, and squeezing it gently so as to remove

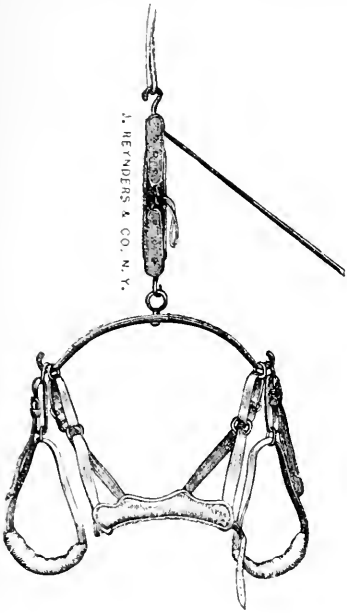

FIG. 1.

Suspension Apparatus with plain arch. Chin-neck and axillary bands are attached to same parts of the arch.

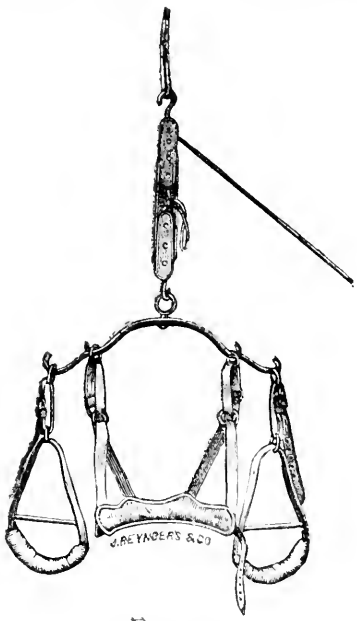

FIG. 2.

The same, with different points of attachment for the axillary and chin-neck bands.

all surplus water, commence just around the smallest part of the body, going to the crest of the ilium and a little below it, and lay it around the body smoothly, but do not draw upon it at all; simply unroll the bandage with one hand while the other follows and brings it into smooth close contact with all the irregularities of the surface, over the ilium and dipping into the groin over the abdomen and dipping into the groin again, and so on, from below upwards in a spiral direction

until the entire trunk has been inclosed from the pelvis to the axillæ. After one or two thicknesses of bandage have been laid around the body in the manner described, narrow strips of perforated tin are placed parallel with each other upon either side of the spine from two to three inches apart, and in numbers sufficient to surround the body, and another plaster roller carried around the body, covering them, in the manner in which the first bandage was applied.

These few strips strengthen the bandage, and obviate the necesity of increasing its weight by the application of a larger amount of plaster. If there are any very prominent spinous processes, which at the same time may have become inflamed in consequence of pressure produced by instruments previously worn, or from lying in bed, it is well to guard such places by means of little pads of cotton or cloth or little glove fingers filled with wool which is elastic, which are to be placed upon either side of them before applying the bandage.

Another suggestion, which I have found to be of practical value, is to take two or three thicknesses of roller bandage three or four inches long, and place them over the anterior superior spinous process of each ilium. These little pads are to be removed just before the plaster has completely set, consequently leave the bony part free from pressure after the soft parts have shrunken under the influence of the continued pressure produced by the plaster dressing. It is also well, just before the plaster has set completely, to place one hand in front of the ilium and the other over the buttocks, and squeeze the cast together so as to increase this space over the bony prominences. In a very short time the plaster becomes set sufficient so that the patient can be removed from the suspending apparatus and laid upon the face or back on an air-bed, where they are to remain until the hardening process is complete. A hair mattress answers a very good purpose, but the air-bed is preferable, especially if there is much projection of the spinous processes or the sternum.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF HARFORD COUNTY, MD.

The regular semi annual meeting of the Medical Society of Harford county was held at Havre de Grace, on Tuesday, May 8th, 1877, at the late residence of the late Dr. Thos. C. Hopkins, under the auspices and through the hospitality of Dr. W. W. Hopkins. There was quite a respectable number of members and visitors present.

The President, Dr. W. W. Virdin, in the chair.

The names of Dr. S. Atlee Bockius, (M. D. and D. D. S.) and Dr. Wm. P. Taylor were duly presented and recommended for membership; were ballotted for, and unanimously elected.

Dr. C. E. Iddings, who was appointed at the last meeting to prepare a paper for the Society on the subject of "Nephritic Colic," having removed from the county in the interval, was not present at the meeting, but sent an interesting and instructive paper, which was read by the Secretary. The substance of the paper was composed of the relation of a typical case, which had occurred in his own practice. Those of the members who had met with cases of this character—the pain in which is extremely violent so long as it lasts, though the malady, fortunately, is not of very frequent occurrence—were able to recognize at once the correctness of the portrayal given by Dr. Iddings.

In such cases, as related by Dr. Iddings, during the passage of the gravel from the kidney to the bladder, while approving fully of the treatment adopted by Dr. I., Dr. John Evans asked if any of the members had ever tried the efficacy of the hot sitz bath. He had great confidence in it as a muscular relaxant. Dr. Forwood remarked, in reply, that he had met with two or three such cases, and had seen each of them in two or three seperate attacks—for there is a great tendency to recurrence—and he had invariably used the sitz bath in connection with opium and other medicines enumerated by Dr. Iddings, with apparent relief to the patient—so much so that, in any subsequent attack, the patient always got himself into the hot water before the arrival of the physician.

Dr. Wm. J. Evans inquired what prophylactic or preventive

treatment was the best to adopt in cases where there was a predisposition to such attacks. Dr. Forwood and other members thought that could best be determined by a chemical examination of the urinary secretion.—In his experience he had always found it acid—generally lithic acid—and thought that he was usually successful in decomposing it, and thus rendering it innocuous by the use of the Bicarbonate of Soda and the Nitrate of Potassa. He gave fifteen or twenty grains of each combined in water three or four times daily, until the danger of an attack was averted. This treatment met the concurrence of those members who had had experience in this class of cases.

With reference to the administration of Opium, or the Salts of Morphia, so necessary for the alleviation of the acute suffering in this malady, Dr. Jno. Evans advised the hypodermic use of morphia in this complaint, as it acts in this way more quickly, more certainly, and more effectually. This method of introduction is indispensable when the stomach is irritable, and when vomiting is taking place, as so frequently occurs in these cases.

The retiring President, Dr. W. W. Virdin, read his address in which he alluded to the high price of quinine due to heavy duty and the necessity for the passage of the Morrison bill. He also spoke of the dispensing of medicines by apothecaries, and cited a case which came under his personal notice, that had been treated by a druggist, to the serious injury of the patient; thus showing that while the physician was robbed by the druggist of his primary fee, the patient was doubly robbed; for after paying the druggist, he was then obliged to pay the physician double his original fee to repair the damage done by the improper treatment, and which, possibly, never could be wholly repaired. After directing attention to other matters of interest to the Society, he announced the death, since the last meeting, of Dr. George Thomas Hays, and recommended suitable action thereon.

On motion of Dr. Forwood a committee of three was appointed by the President, to draft resolutions in accordance with the suggestions made in the President's address, on the subject of the removal of the duty on Quinine, to be presented to the next meeting of Congress. Drs. Forwood, Hopkins and Lee were appointed the committee.

Dr. W. W. Hopkins moved the appointment of a committee to take proper action in relation to the death of Dr. Geo. Thos. Hays. The President named Drs. Hopkins, John Evans and Forwood as the committee.

Dr. Cochran referred to the recent death of three well known and

prominent citizens of Havre de Grace—two Mr. Moores, brothers, and Mr. Wm. B. Morgan—men, all of whom were between 60 and 70 years of age, all of whom were accustomed to about the same kind of life—fishermen—and all of whom died within a week or two of each other, and of the same disease—apoplexy—and suddenly. The cases were interesting to those who were acquainted with the gentlemen; but no facts could be elicited from the members regarding Dr. Cochran's inquiry as to the bearing of the character of the occupation of the deceased upon the production or causes of the malady of which they died.

Dr. H. Clay Whiteford related a highly interesting case, which he regarded as spinal congestion, now under his treatment. The patient had become a great sufferer since last September, having been confined to the house all that time until within the last month or so. During the first several months of his sickness he was under the care of another physician. Only recently had Dr. W. prescribed for him; and he explained his treatment. The patient was now, whether from the medicine or not he would not say, decidedly better. Several members made remarks upon the case, but none had any experience with the treatment pursued.

A motion was adopted requesting Dr. Whiteford to report the progress of this case at the next meeting of the Society; especially with a view to the confirmation of the diagnosis, and of the efficacy of his treatment.

A committee was appointed for the nomination of officers for the Society for the ensuing year, and for delegates to represent the Society in the National and State Medical Associations. The committee reported the following names, which were adopted:

Officers: President—Dr. W. Stump Forwood; Vice-President—Dr. W. W. Hopkins; Treasurer—Dr. R. D. Lee; Secretary—Dr. H. Clay Whiteford.

Delegates to the American Medical Association: Dr. John Evans, Dr. S. B. Silver, Dr. John M. Finney.

Delegates to the Medical and Chirurgical Faculty of Maryland: Dr. W. W. Virdin, Dr. John H. Cochran, Dr. James M. Magraw.

The committee appointed to express the sense of the loss sustained by the Society in the death of its late President, Dr. George Thos. Hays, reported through their chairman, Dr. John Evans.

Whereas, The hour having arrived, which an over-ruling Providence fixes for the termination of each human life, our friend and brother

Dr. George Thomas Hays, in the midst of his labors for the relief of human suffering has, without a murmer in opposition to the Divine will, quit these mundane scenes, fully prepared for the enjoyment of such celestial happiness as may be provided for those who properly perform their duties in this life, according to the light that has been afforded for their guidance,

Therefore be it Resolved, That, while we attempt no vain efforts to repress the feelings of sadness and sorrow which are naturally excited when our friends, who have walked with us in this life, are taken away from our mortal sight forever, yet we are comforted by the reflection that they have fulfilled the duties devolved upon them here, and unhesitatingly depart in compliance with the inevitable summons.

And also be it Resolved, That our Society expresses its heart-felt sympathy to our brother's family, trusting that our respect for his professional standing, and our esteem for his virtues, may afford them some comfort for the greater loss which they, as widow and orphans, must necessarily sustain.

Resolved further, That the Secretary be instructed to present a copy of these resolutions to the family of the deceased.

Dr. W. Stump Forwood then delivered a brief eulogy on the deceased.

The Society then adjourned.

H. CLAY WHITEFORD,
Secretary.

BALTIMORE CLINICAL SOCIETY.

Meetings of the Clinical Society were held in April, May and June, the President in the chair, when interesting specimens were shown and cases were related.

Dr. Theobald showed a new gauge for lachrymal probes including, a series of 16 numbers, ranging between the fourth of a millemetre and four millemetres.

Dr. Morris showed an enormously hypertrophied heart from a man over sixty years old. It weighed fourty-four ounces, the walls of the ventricles being exceedingly thick and tough. There was stenosis of the mitral valve with slight dilatation of the auricles.

A discussion was opened by Dr. Tiffany in regard to the relative

use of chinchonidia and quinia. It seemed to be the opinion of the majority that chinchonidia, in some-what larger doses, was as good as quinia besides being much cheaper.

Dr. T. R. Brown related a case of chorea, in a girl ten years old, of three years standing, which had been markedly benefitted by the administration of arsenic—Fowler's solution. It was given at first in three-drop doses, terdie, increased gradually to seven drops.

Papers were read on "A case of dislocation of the ulna inwards," by Dr. Latimer, on "Diphtheria" by Dr. Hill, and on "Herpes Zoster" by Dr. Chew. The case of dislocation was one of great interest, they being very rare. A stout woman, while washing a window, fell, striking her elbow on a chair. She was seen by a number of physicians and various diagnoses were made. Dr. Latimer saw her three months after the accident and making it out to be a case of inward fracture of ulna, put the woman under proper treatment, which resulted in union of the fracture with use of arm in all directions excepting complete extention.

Dr. T. R. Brown exhibited the bones of the leg below the knee. The leg had been amputated after an accident by which it had been crushed. An abscess had formed far up the leg, and the pus had burrowed its way between the bones till it reached the ankle, and here a considerable degree of necrosis had followed.

Dr. Coskery showed a heart greatly dilated, and an abscess in the liver. The liver had been taken from the body almost entirely degenerate and the colon, in which there was perforation, was firmly bound to the cœcum.

Dr. Lynch in a paper on "The diagnostic value of certain cardiac symptoms in Bright's disease and uræmia" called attention to the muffling of the first sound of the heart. This sign could often lead us to suspect kidney trouble, even in the absence of other symptoms

Dr. Tiffany related a case of a woman, a prostitute 35 years old, on whom he had performed colotomy. She was admitted into Bay View hospital with a recto-vaginal fistula, which had been operated upon unsuccessfully some three months before. The fistula had increased in size. Upon making a thorough examination, Dr. Tiffany found a stricture of the rectum and a large crop of cauliflower-like growths which were the result of successive reinoculations from a chancroid. The condition of the woman was getting from bad to worse: there was a large discharge of very offensive pus and blood from the rectum and vagina, while the fæces passed per vaginam. The stricture was

first ruptured, which gave great relief so that the patient went away from the hospital. She soon appeared again, however, and in such a condition that colotomy was determined upon as offering the only hope for the patient. Dr. Tiffany called attention to some anatomical peculiarities which presented themselves during the operation. Upon cutting down upon the colon it was seen to rise and fall during respiration, nor could it be rolled around sufficiently to find the transverse markings. These could be only brought to view by moving the colon up and down.

In many operations upon the dead Dr. Tiffany found the meso-colon to differ greatly upon different subjects. According to his investigations, no rule respecting the movability of the colon could be given.

Dr. Bevan opened an interesting discussion on "Purpura Hemorrhagica." In a case which Dr. Bevan related nothing stopped the hemorrhage till the patient, utterly exhausted from loss of blood, fainted. Under the head of treatment a lively discussion arose as to the use and abuse of ergot.

Dr. Arnold advocated the use of the fluid extract of ergot in large quantities. He had ordered the drug in very large doses and never had seen ergotism produced. To illustrate his point Dr. Arnold related a case in which he had given f℥j to a child ten days old with benefit. He had been called in to see a woman who had taken f℥ 8—half a pint—to produce abortion. Grave cerebral lesions followed but the woman recovered without ergotism. Dr. Tiffany, on the other hand, had seen ergotism produced by the administration of f℥j every three hours successively for 24 hours. The patient lost the toes.

R. B. MORISON, M .D.

BALTIMORE MEDICAL SOCIETY.

MAY 28. The Society met with Dr. Judson Gilman, President, in the chair. Under reports of cases Dr. A. Friedenwald reported a case of a young lady having a phlegmonous condition of the eyelid producing narrowing of the field of vision and other symptoms simulating glaucoma. Sometimes glaucoma is marked by other conditions.

Dr. G. Lane Taneyhill reported a case of a primipara which illustrated the principle of interference or non-interference in labor. He was called to see the patient and found her in labor with an arm presentation; he placed her in the head and knee posture and pushed the arm back in

the uterus with the hope of changing the position of the infant which he accomplished and delivered by feet presentation. After this delivery the patient gave birth to a second infant which was delivered in the vertex presentation with the forceps. There was a single placenta with two cords.

Dr. Charles Jones reported a case of eclampsia in which the forceps were applied and a living infant delivered. Convulsions ceased almost immediately and both the infant and mother did well.

Dr. L. McL. Tiffany read an interesting paper upon, "Deformity in the third stage of Coxalgia." He showed, by the exhibition of patholigical specimens and reports of cases, that shortening of the limb is not always due to dislocation, as was formerly held, but to changes in the head and neck of the femur The hip is more inverted in true dislocation than in conditions caused by hip disease.

Dr. John Morris reported a case of supposed ovarian tumor which was afterwards regarded as an enlargement of the spleen. He presented the history of the case and asked the views of the society as to the true nature of the affection.

SELECTIONS.

THE USE OF WATER TO RELIEVE PAIN.

The hypodermic use of water for relieving pain continues to afford an interesting object for experiment. The evidence in its favor could not be stronger, although little attempt is made to explain to us why or how water should quiet pain. Dr. Lafitte of Nantes has used water subcutaneously since 1872, when he succeeded in immediately relieving pain in a woman who was suffering most acutely from lumbago. Eight grmm. of distilled water was injected, and the pain did not return. In cases of sciatica, supra-orbital and facial neuralgia, as well as in intercostal neuralgia and rheumatic affections of the joints, he has found water injected subcutaneously quite as useful as morphia. Dr. Pillet speaks highly of hypodermic injections of water in lumbago and intercostal neuralgia. Dr. Lelut says that for the last three months he has used the pure water injections, with the best re-

sults. He relates how he came to use it. His servant one day upset the bottle containing his morphia solution for subcutaneous injections, and, to conceal her clumsiness, filled withthe bottle ordinary water. Dr. Lelut, not knowing this, injected the water into the thigh of a patient who was suffering severely from sciatica, and whom he was treating by the subcutaneous injection of morphia. The patient was astonished at the instant relief of the pain, and said: "What kind of a liquid is this you are using which causes me no uneasiness or no sickness at the stomach like the former?" Since then Dr. Lelut has used nothing subcucaneously but water.

Dr. Dresch praises the usefulness of this injection, especially in muscular rheumatism. He also tells of a case of osteo-sarcoma of the thigh, in which he used daily 60 ctgm. of morphia subcutaneously, chloral, cicuta and other remedies, and where hypodermic injections of water succeeded in relieving the pain quite as well as morphia, without producing the disagreeable constitutional effects of that drug. Dr. Dresch does not use simple water, but prefers peppermint water.

Dr. Burney Yeo, of London, says he found subcutaneous injections of water useful in relieving the pain of a patient suffering from thoracic aneurism.—*Western Lancet.*

Extirpation of the Uterus.—Dr. Noeggerath performed the operation of extirpation of the uterus at Mount Sinai hospital New York on May 11th. The patient suffered from cancer of the fundus. The operation consisted in cutting though the vagina, anterior to the cervix, and separating the uterus from the bladder. The galvanic knife was then used to divide the vagina posteriorly. A large gum-elastic catheter, armed with a ligature, was then carried up along the anterior and down the posterior surface of the uterus, entering in front of the cervix and emerging behind it. To this was attached the chain of the écraseur, which was tightened, and gradually one side of the uterus was freed from its attachment. A similar procedure resulted in separating the attachments on the other side, and then the uterus readily

slipped out of the vagina. On examining the uterus the cervix was found to be perfectly normal. In the fundus, however, a cancerous mass was found, which extended down to the os internum. During the operation only a slight amount of blood was lost. This was due, in great part, to the fact that after incisions were made through the vagina a steel dilator was used, so as to enlarge the openings sufficiently to admit of the ligature and chain of the écraseur being carried around the fundus.—*N. Y. Medical Journal.*

Treatment of Croup by Eucalyptus.—Dr. Walcker (*Gazette Medicale de Strasbourg*, January 1st, 1877) treats pseudo-membranous laryngitis by tincture of eucalyptus globulus. He begins by an emetic of ipecacuanha, of which the dose varies according to age. This emetic is given morning and night once. He no longer employs tartar emetic in these cases, because it produces too much depression and causes diarrhœa more often than ipecacuanha. This emetic relieves at the outset the gastric disturbance which ordinarily accompanies croup, calms the fever a little, and gives immediate relief. It can only act in this way, and it is incapable of expelling the false membranes. Two hours after the emetic, he gives every hour a teaspoonful of a syrup composed of 38 parts of simple syrup and 10 parts of tincture of eucalyptus for infants. He has given as many as fifteen to twenty teaspoonfuls in the case of a child six years old. When the patient sleeps at night, he should not be awakened. At the same time Dr. Walcker gives, as food, milk, coffee, eggs, and sopped bread. This alimentation is necessary; for cases of general diphtheritis or localized croup occur much more often in delicate children, with more or less scrofulous and lymphatic temperament and a feeble and delicate constitution, than in full-blooded, strong, and robust children.—*Brit. Med. Journal.*

Professor Esmarch on Cancer.—In a recent lecture this eminent surgeon spoke upon the treatment of cancer. A large number of drawings were exhibited, showing the various cases

that had been met with during the course of Dr. Esmarch's professional career. He advised that cancers of the tongue, and also most of the malignant growths, wherever occurring, should be treated by means of arsenic and iodide of potassium, internally and externally, before proceeding to an operation. The speaker had frequently seen cancer originating upon a syphilitic basis, and often where the syphilis had remained latent for a long period—from twenty to forty years. The lecture closed by an appeal to each member to collect all the material in his power, and so see if it were not possible, by a division of labor, to arrive at some definite conclusions on the question of malignant neoplasms.—*Med. and Surg. Reporter, Philada.*

Milk Secretion checked by Opodeldoc.—Dr. R. Monti reports the case of a woman who had nursed her child for eight months, and who had neuralgia in the right forearm, followed by stiffness and pain on motion. To remove the latter, opodeldoc was rubbed on the palmar surface of the forearm. The evening of the same day the secretion of milk was very considerably lessened. The next day opodeldoc was again used, and again the secretion of milk diminished at night. This was repeated as often as the liniment was used, and the secretion returned when the former was discontinued.

Monti also remarks that his wife was attacked, during the fourth month of nursing, with a mastitis of the right breast, which prevented her from nursing with it. Opodeldoc was rubbed into the right arm, and the secretion from the corresponding mamma was at once diminished.

Dr. Monti is unable to say whether the effect was due to the camphor or to the ammonia of the liniment.—*N. Y. Med. Jour. Trans. from Annali Universali di Med., No. 235.*

Automatic Reduction of Luxation of the Head of the Femur.—In the July number of the New York *Medical Journal*, Dr. A. B. Crosby described a case of automatic reduction of luxation of the head of the femur, which he accomplished by means of a

method practised by Dr. Allen, of Vermont. The method consisted in flexing both legs at right angles to the thighs, and both thighs at right angles to the abdomen. When in this position, the operator, by means of hands placed beneath the knees, lifted the patient off the bed and by gradually swinging him from side to side the dislocated head of the femur slipped into the acetabulum.

Dr. Allen devised the method accidentally, in the following way: He was lifting a patient from one side of the bed to the other and while holding him until the clothing was arranged, the bone slipped into the acetabulum.

Capillary Drainage in Anasarca.—Dr. Southey described to the Clinical Society of London, at their meeting April 27th, his method of drainage in general anasarca. He uses silver canulæ about the size of hypodermic needles, and attaches to them, after introduction, a capillary rubber tube conducted into a pan beneath the bed. A surprising amount of serous fluid, he had found, could be withdrawn from a single tube in each leg. The method is cleanly and free from discomfort to the patient.—*New York Medical Journal.*

To Make Leeches Bite Promptly.—Place the leeches in a glass half full of cold water. Cleanse the part to which they are to be applied carefully, with warm water, and then apply the glass containing the leeches to the part. They attach themselves with surprising rapidity. The patients often speak of the bites appearing to be simultaneous. When the animals have all become attached, allow the water to escape into a sponge or cloth, so as not to wet the patient.—*Canada Lancet.*

Sir Thomas Watson, M. D., though now in his 86th year, continues to write for the scientific and literary journals with all of his wonted grace and force of style.

NATHAN RYNO SMITH.

On Tuesday, July 3rd, the medical profession, in this city and state and throughout the entire country, was called upon to mourn the loss of one of its most distinguished and honored members, Prof. Nathan Ryno Smith, who, after having spent the "allotted time to man" in faithful service, quietly breathed his last at his residence in this city, on that day. During the half century, which has just passed, no one has occupied so distinguished a position in his profession and in the affections of a community as has Prof. Smith, or has labored more diligently and successfully in the cause of science. Ripe in experience, in years of usefulness, beloved, admired, and honored, his memory will long be cherished and loved as one of the great benefactors of his race. Though taken from us he still lives in the good works he has left behind him, in the fruits which his genius have left as a rich legacy to science.

We present with this number a correct likeness of this great man, together with the following brief sketch of his life which will be read by the profession with interest and profit:

Professor Nathan Ryno Smith was born in the town of Cornish, New Hampshire, on the 21st of May, 1797. His father, Professor Nathan Smith, was at that time Professor of Medicine in Dartmouth College, New Hampshire. In 1813 the father was elected Professor of Surgery and Medicine in Yale College, and soon after removed to New Haven. Young Nathan Ryno passed his boyhood, and received his early education in Hanover, New Hampshire. He entered the freshman class of Yale College in 1813, and received his degree in 1817. The class to which he belonged, numbering about sixty, was distinguished for talent and scholarship, and many of its members in after years became eminent in their respective professions, among whom may be mentioned: Judge C. J. McCurdy, of Conn.; J. Prescott Hall and Bishop Delaney, of New York; Prof. Baxter Dickinson and Judge Spaulding, of Ohio; and many others. When quite young the future surgeon exhibited a decided turn for literary composition, and in his junior year produced a five-act comedy, entitled "The Quixotic Philosopher," which was acted with great applause at the junior

exhibition, the author himself taking one of the characters. It gave him no small reputation at the time as a humorist, but, unfortunately, no copy of it is now in existence. After receiving his degree, Mr. Smith went to Virginia, and accepted the position of classical tutor in the family of Thomas Turner, of Fauquier county, a gentleman of worth and high social position. He spent about a year and a half in the South, and then returned to New Haven and commenced the study of medicine under his father in Yale College, taking the degree of Doctor of Medicine in 1823. In his inaugural thesis, which was upon the "Pathological Relations of the Blood," he advocated the doctrine that modifications of the conditions of that fluid due to the absorption of poisons or changes otherwise induced were often the first elements of disease, contending against the theory then prevalent that all primary morbid impressions were made upon the nervous system exclusively.

In the spring of 1824, Dr. Smith then twenty-seven years of age, established himself in practice, in Burlington, Vt., devoting himself especially to the surgical department of the profession, for the cultivation of which he had enjoyed special advantages in witnessing his father's practice and assisting him in operations. While residing in Burlington he married Juliette, the daughter of Mr. J. Penniman. In the following year Dr. Smith was appointed Professor of Surgery and Anatomy in the University of Vermont, and organized the medical school of that institution. Anxious to avail himself of every opportunity to enlarge his profession and knowledge, Prof. Smith spent the winter of 1825 in Philadelphia attending the lectures of the eminent professors of the University of Pennsylvania. He also enjoyed the advantage of the acquaintance of Prof. George McClellan, a zealous and able teacher of anatomy and surgery. At this time Prof. McClellan and other distinguished members of the profession were engaged in organizing the medical department of Jefferson College in Philadelphia, and at their invitation Prof. Smith accepted the chair of anatomy, the duties of which position he filled for two years.

In 1827, the chair of surgery in the School of Medicine of the University of Maryland having been vacated by the resignation of Prof. G. S. Pattison, the place was offered to Prof. Smith, who, believing that Baltimore was a better field for enterprise than Philadelphia, accepted. The year after his removal to Baltimore his father died, full of years and honors, but leaving a family unprovided for, owing to his extreme liberality. Prof. Smith at once took charge of them,

and proceeded to educate his younger brothers. Soon after his connection with the University of Maryland Prof. Smith invented and gave to the profession his well-known instrument for the easy and safe performance of the operation of lithotomy, up to that time one of the most dangerous and difficult of operations. About this period he also published a voluminous work on the surgical anatomy of the arteries, illustrated with many plates. The work was well received in this country and Europe, and went through several editions. He also contributed largely to the medical journals of the day.

In 1838 there occurred an interregnum in the government of the University of Maryland, due to a contention for authority between the trustees, and in consequence Prof. Smith resigned, accepting a chair in Transylvania University, Lexington, Ky. In 1840 the University of Maryland was re established, and he resumed his chair. The graduates of this institution bear evidence to the fidelity and ability with which Prof. Smith continued to discharge his duties during the half-century he was there. He always lectured extemporaneously, and was exceedingly plain and concise in his explanations. His large experience had richly stored his mind with information, which an admirable memory reproduced without an effort. In this long period the important surgical operations performed by him were very numerous. The operation of lithotomy alone he performed some two hundred and fifty times with success.

About the year 1860 he invented and introduced his apparatus for fractures of the lower extremities, termed the anterior suspensory. This is different from anything before employed in surgery, and its simplicity is as remarkable as its efficiency, while it gives perfect and gentle support to the fractured limb and allows the body to be moved any way at will. It is now used in all parts of the world, and the most eminent European surgeons have written in its commendation. In gun-shot wounds of the lower extremities this apparatus has greatly reduced the number of amputations.

In 1867 Prof. Smith visited Europe, where he received most flattering attentions from distinguished members of the profession in Paris and London, and on his return to Baltimore was welcomed by the whole profession of the city with a banquet and other demonstrations of respect. In March, 1870, Prof. Smith resigned his chair in the University of Maryland and devoted himself exclusively to his private practice. A few years ago he published, under the name of "Viator,"

a small volume, entitled "Legends of the South," consisting of romantic and legendary stories of Virginia and Kentucky.

Of Prof. Smith's usefulness to the human race a volume could be written. He was instrumental in founding colleges of medicine which now flourish as his noblest monuments; he extended the boundaries of the science he taught, and at length acquired a rank both as a teacher and a practising surgeon which was second to none in his time.

It is a somewhat surprising fact that his father before him was one of the most distinguished American surgeons of his day, and that his son, Prof. Alan P. Smith, who succeeds him, has a splendid reputation as a physician and surgeon, so that the three generations have been eminent in the same direction.

In addition to his immense practice in Baltimore, he has been called to visit professionally almost every town in the State, as well as many distant places in other States. Thus his life has been one continued scene of active, laborious and useful exertion. His acquaintance was not only extensive, but reached to every rank in society. The poor knew him as their benefactor; the rich as their skilful, attentive physician; the rich were honored by his society, and the wise and the good received him as their friend and companion. His influence over medical literature was extensive, especially as exerted through his large acquaintance among medical men, by his advice and example, through the medium of the various schools where he taught. Just as it was said by a distinguished professor on the death of Prof. N. Smith, his father, that he had "done more for the improvement of medicine and surgery in New England than any other man of any time," so it is the generally accepted sentiment now that Prof. N. R. Smith, the son, did more for the amelioration of human suffering than any doctor of his generation. One of the faculties of his mind was a keen, discriminating inquisitiveness into everything submitted to his inspection; another the very retentive memory which enabled him in his last years to refer to the minute circumstances of cases attended fifty years previously; and yet another, the power of reducing all the knowledge he acquired to some useful, practical purpose. His moral courage was undaunted, and when he had assured himself he was right, he went ahead, regardless of censure. In him kindness was an inherent quality, springing from the benevolence of his nature. In all his intercourse with the sick the kindness of his heart beamed on his countenance, and the assiduity of his attention was unremitting.

He was an exemplary citizen, and the purity of his mind was a predominant characteristic. He had strong social feelings and habits, and was free in his intercourse with friends. In the practice of his profession his accuracy, rapidity and decision were marked qualities.

MEETING OF THE MEDICAL FACULTY.

In response to a call for a meeting of the Medical and Chirurgical Faculty of Maryland, and of the profession at large, to take action in regard to the death of the late Prof. Nathan R. Smith, the members of the profession assembled in the chemical hall of the University of Maryland, on Wednesday July 4th, at 12 o'clock, M. Dr. Abram B. Arnold, president of the Faculty, called the meeting to order with the following remarks:

"The sad duty has been assigned to me, as the presiding officer of the Medical and Chirurgical Faculty of Maryland, to convene its members and request the attendance of the profession in general, in order to give due expression to the great loss sustained by medical science in the death of Professsor Nathan R. Smith, I need hardly add that it is no ordinary occasion that brings us together to-day. The departed occupied the front rank among great surgeons, eminent physicians and teachers of medicine, and neither age nor bodily infirmity could weaken the singular powers he displayed, or the zeal and devotion he exhibited in the discharge of his manifold and responsible duties during a long and brilliant professional career. His many excellent and noble qualities, both of public and private character, endeared him equally to his professional brethren and to the community in which he lived. The chair is now ready to entertain such suitable resolutions as may be offered."

Dr. S. C. Chew moved the appointment of a committee of ten to draft resolutions appropriate to the occasion.

The resolution being seconded and adopted, Dr. Arnold named the following committee: Drs. S. C. Chew, John Morris, W. C. Van Bibber, James A. Steuart, F. E. Chatard, Sr., N. L. Dashiell, John Whitridge, Robert J. Ward, James Montgomery and Andrew Hartman.

The committee retired. After the return of the committee its chairman, Dr. Chew, preliminary to offering the resolutions, spoke as follows:

"*Mr. President, Gentlemen of the Medical and Chirurgical Faculty, and of the Medical Profession*—We have come together to do honor to one who has made for himself an ever honorable fame, to render a tribute of praise to him whose praises are in the mouths of multitudes; and to inscribe on the roll of departed worth a name which is known and will be known wherever the science and the art of surgery afford to suffering humanity a rescue and a relief. It is not necessary now and in this assemblage to enter into any detailed and minute analysis of those qualities of his mental and moral nature which made Dr. Nathan Ryno Smith what he was; and the time would fail us to do so. We all know them well; for how many of us here present have had occasion to observe in him to our own profit the working of those gifts with he was so preëminently endowed—the acuteness of perception, the wonderful fertility of resource, the extraordinary power of adaptation to circumstances, and above all the vast fund of practical wisdom which seemed often, as indeed it was, the very inspiration of genius itself. These things we have noted many times; but I trust before offering on the part of your committee the words which are but a feeble expression of our feeling and of yours, I may be pardoned for making a brief reference to the very close relations with our departed friend and chief which it was my privilege to enjoy. These relations, sir, have been transmitted to me, so to speak, as a hereditary gift, and they have ever been cherished as a most precious continuation of that long, cordial and affectionate friendship which for so many years continued unfailing and unbroken between my father and him whom we to-day commemorate. In addition therefore to the personal love which from earliest recollection I have ever felt for him, my attachment is consecrated by the memory that he was my father's dearest friend. How wholesome, Mr. President, amid the strivings and excitements and the rivalries, it may be, of professional life, is the thought of those friendships of the olden time, which did not change through all the past, and cannot alter now, which endured through years, undisturbed by the changes and chances of this mortal life, until death has set his seal upon them and they remain sacred and inviolable forever.

"One aspect of our departed friend's character which was observed by all who khew him well, and was continually apparent to those who constantly associated with him, was an absolute simplicity of mind which kept him from knowing how great he was, which made him so much less in his own estimation than he was in that of all others. His

was the transparent ingenousness which is as incapable of affectation as of falsehood; on his face there shone ever the *simplicitas sagax, ingenuusque pudor, et bene nota fides, et candor frontis honestæ.*

"I trust it will not be considered obtrusive, nor out of harmony with the feelings which should inspire us on an occasion like the present, if I refer to another aspect of his character, of which I feel constrained to speak, as of a sacred trust committed to me to be made known from him. I mean the attitude of his mind towards religious truth. Far be it from me on such an occasion as this to touch any chord of controversy or of bitterness; but I know well on which side of this great question the preponderance not only of earnest feeling, but, as I believe, of logic and of intellectual power inclines. And I rejoice to say that on this subject he had embraced the convictions of some of the wisest and most enlightened minds that have ever adorned our calling or any other calling among men. In the pain and suffering of which during many years he had largely partaken, he found his solace and support, not in the thought of all that he had done to allay the anguish and relieve the distress of others, though he, if any one, might find satisfaction in such a thought, but in the one source of comfort, and pardon and peace. Over his grave, around which to-morrow we will stand, the star of promise and of hope will shine down, for the man whom we have known and loved has passed to where the imperfect germs of science as we know it shall expand into the fulness of perfect and infinite truth."

Dr. Chew then read the following as the report of the committee:

"The Medical and Chirurgical Faculty of Maryland and the medical profession of Baltimore, in joint session assembled, would hereby give utterance to the profound and solemn feelings with which they are filled on learning of the death of their patriarch and chief, Professor Nathan Ryno Smith, M. D.

"They would record their estimation of his personal virtues and worth, of his unswerving adhesion to all that is manly and true, of his untiring pursuit of duty, of his chivalrous devotion to the weak and suffering, of his large-hearted generosity to the outcast and the destitute. From the point of view of professional observation they would bear testimony to his possession of those mental and moral qualities which combined to constitute him a surgeon and physician of the highest order. Acuteness of observation, strength of judgment, infinite variety in resource, indomitable energy which would combat against fate itself, and yield only to necessity, these qualities made

him a model to be followed and an example to be cherished by all who would aspire to excellence in the calling which he adorned; be it therefore—

"*Resolved by this body*, That a record of these proceedings be entered upon the minutes of the Medical and Chirurgical Faculty as a permanent memorial of their love and admiration of Nathan Ryno Smith, and that an engrossed copy be transmitted to the family of the deceased."

Eulogistic remarks were then made by other members of the profession.

EDITORIAL.

County Medical Societies.—County medical societies, as distinct organizations or auxiliaries to state societies, can be made important factors in the advancement and elevation of the profession of medicine, and they should be fostered and encouraged. Interchange of thought and experience is of advantage under all circumstances, and it is especially so with respect to the science and art of medicine, which is so constantly undergoing changes and improvements. To be made potent for good every organization requires untiring activity and watchfulness; and particularly is this necessary, to properly sustain and promote the beneficent objects of medical societies, hence the great importance of thorough organization, concert of action, and that becoming zeal and honorable rivalry which form the main elements of success in the pursuit of our profession. The Maryland Medical Journal will sustain and aid, as far as may be possible, all organizations formed and conducted on such high principles and we would suggest the formation of societies in every county, town and city, for mutual improvement and assistance. We will be glad to receive and publish reports of value from any society in the United States.

Association of American Medical Colleges.—The Provisional Association of American Medical Colleges, met in Chicago on June 1st, and resolved itself into the American Medical College Association. Twenty-four colleges were represented. The following officers were elected: President, Dr. J. B. Biddle, of Jefferson Medical College, Philadelphia; vice-president, Dr. N. S. Davis, of Chicago

Medical College; secretary, Dr. Leartus Conner, of Detroit Medical College.

PROF. LISTER.—Prof. Lister has accepted one of the chairs of Clinical Surgery in King's College Hospital, London. As Prof. Lister's antiseptic surgical practice requires that the patients so treated shall be kept seperate from those who are not, the authorities of the hospital have placed two wards, one for female and one for male patients, at Prof. Lister's disposal.

UNIVERSITY OF LONDON.—At a very large meeting of convocation of the University of London, held in May last, it was resolved "That this house is of opinion that it is undesirable for this University to admit women to degrees in medicine before it shall have considered the advisability of admitting women to degrees in all faculties."

At a late meeting of the Harford County, Md., Medical Society, Dr. W. Stump Forwood, of Darlington, was elected president for the ensuing year.

AMERICAN OPHTHALMOLOGICAL SOCIETY.—The annual meeting of this Society was held July 26th and 27th, at the Cataract House, Niagara Falls.

The MARYLAND MEDICAL JOURNAL—Is kept on sale, regularly, at the office of the Baltimore News Company, S. E. Corner of Baltimore and South Streets, where copies of any number can always be had.

BACK NUMBERS WANTED.—Friends having extra copies of the May and June numbers of the JOURNAL, will confer a favor on us by mailing them to our address, Nos. 2 and 4 N. Charles Street, Baltimore, Md.

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BELLEVUE HOSPITAL MEDICAL COLLEGE,

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SESSIONS OF 1877—1878.

THE COLLEGIATE YEAR in this Institution embraces a preliminary Autumnal Term, Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1877-1878 will open on Wednesday, September 19, 1877, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same manner and order as in the Regular Session.*

THE REGULAR SESSION will begin on Wednesday, October 3, 1877, and end about the 1st of March, 1878.

FACULTY.

ISAAC E. TAYLOR, M. D.,
Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

JAMES R. WOOD, M. D., LL. D.,
Emeritus Professor of Surgery.

FORDYCE BARKER, M. D.,
Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of Medicine and Clinical Medicine.

W. H. VAN BUREN, M. D.,
Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System and Clinical Surgery.

LEWIS A. SAYRE, M. D.,
Professor of Orthopedic Surgery, Fractures and Dislocations, and Clinical Surgery.

ALEXANDER B. MOTT, M. D.,
Professor of Clinical and Operative Surgery.

WILLIAM T. LUSK, M. D.,
Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.

EDMUND R. PEASLEE, M. D., LL. D.,
Professor of Gynæcology.

WILLIAM M. POLK, M. D.
Professor of Mater a Medica and Therapeutics, and Clinical Medicine.

AUSTIN FLINT, JR., M. D.,
Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.

ALPHÉUS B. CROSBY, M. D.,
Professor of General, Descriptive, and Surgical Anatomy.

R. OGDEN DOREMUS, M. D., LL. D.,
Professor of Chemistry and Toxicology.

EDWARD G. JANEWAY, M. D.,
Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.

PROFESSORS OF SPECIAL DEPARTMENTS, Etc.

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Professor of Ophthalmology and Otology.

JOHN P. GRAY, M. D., LL. D.,
Professor of Psychological Medicine and Medical Jurisprudence.

EDWARD L. KEYES, M. D.,
Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.

EDWARD G. JANEWAY, M. D.,
Professor of Practical Anatomy (Demonstrator of Anatomy).

LEROY MILTON YALE, M. D.,
Lecturer Adjunct upon Orthopedic Surgery.

A. A. SMITH, M. D.,
Lecturer Adjunct upon Clinical Medicine.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of recitations from text-books. This term continues from the first of March to the first of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and in the College buildings.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures	$140 00
Matriculation Fee	5 00
Demonstrator's Ticket (including material for dissection)	10 00
Graduation Fee	30 00

FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter)	$ 5 00
Recitations, Clinics, and Lectures	25 00
Dissection (Ticket good for the following Winter)	10 00

Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy, and Chemistry, and if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Prof. AUSTIN FLINT, Jr., Secretary, Bellevue Hospital Medical College.

1-u

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QUINIA	"	"	"	993
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CINCHONIA	"	"	"	977

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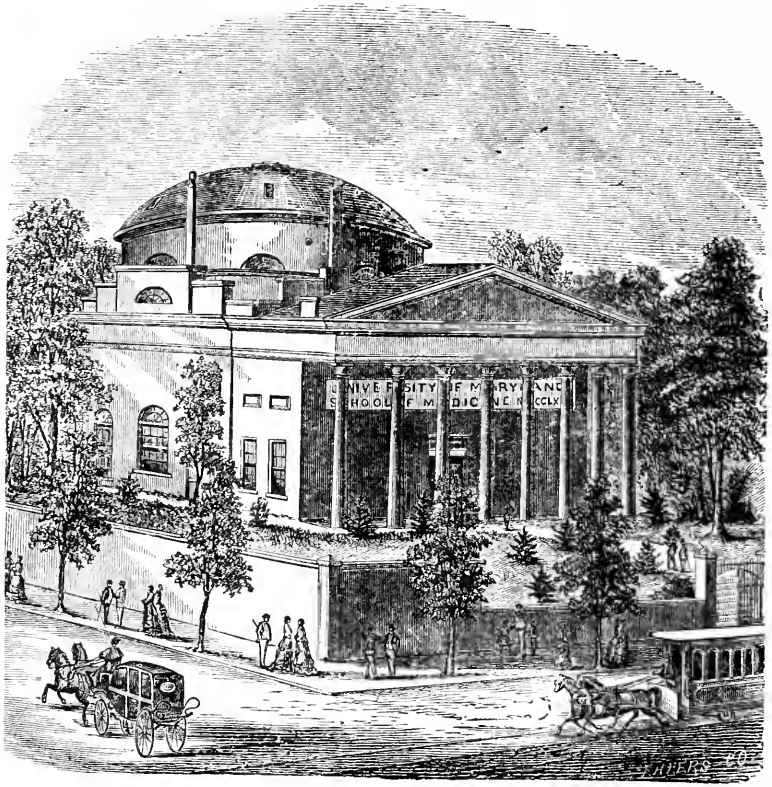

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